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CONFIRMATION NO. 8599

<b>SERIAL NUMBER</b> 08/726,024	<b>FILING OR 371(c) DATE</b> 10/04/1996 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2614	<b>ATTORNEY DOCKET NO.</b> 3052/119
<b>APPLICANTS</b> DANIEL A. HENDERSON, LOS ALTOS, CA; <i>OA</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/005,029 10/06/1995 which is a CIP of 08/177,851 01/05/1994 PAT 6,278,862 <i>OA</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE OA</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 01/22/1997</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Olisk</i> <i>Amuth</i> <i>OA</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 47	<b>TOTAL CLAIMS</b> 18
<b>INDEPENDENT CLAIMS</b> 9				
<b>ADDRESS</b> Robert K. Tendler Law Offices of Robert K. Tendler 65 Atlantic Ave Boston, MA02110				
<b>TITLE</b> METHOD AND APPARATUS FOR IMPROVED PAGING RECEIVER AND SYSTEM				
<b>FILING FEE RECEIVED</b> 1501	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	